PTO/SB/01 (12-97)

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## Attorney Docket Number 63479.0109 **DECLARATION FOR UTILITY OR** Lyle E. Adams First Named Inventor **DESIGN** COMPLETE IF KNOWN **PATENT APPLICATION** (37 CFR 1.63) **Application Number** Filing Date Declaration □ Declaration Submitted Submitted after Initial Group Art Unit Filing (surcharge (37 CFR 1.16 (e)) with Initial **Examiner Name** Filing required)

As a below named inventor, I hereby declare that:									
My residence, post office address, and citizenship are as stated below next to my name.									
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:									
System-on-Chip (SOC) Architecture with Arbitrary Pipeline Depth									
the specification of which (Title of the Invention)  is attached hereto									
OR was filed on (MM/DD/YYYY) as United States Application Number or PCT International									
Application Number	and wa	as amended on (MM/DD/Y)	vv)	(if applicable).					
I hereby state that I have revi amended by any amendment			lified specification	n, including the claims, as					
I acknowledge the duty to dis	·		defined in 37 CF	R 1.56.					
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.									
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO					
				0000					
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:									
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.									
Application Number(s 60/300,709 60/302,864 60/304,909 60/390,501	06/26/2001 07/05/2001 07/11/2001 06/21/2002	(MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.						
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[Page 1 of 3]
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I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filling date of the prior application and the national or PCT international filing date of this application.													
U.S. Parent Application or PCT Parent Number								ling Date			nt Patent N (if applicab		
10/180,866				•			26/200				(ii apprioasio)		
1.5.7.55,555													
Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.										orata			
As a named inventor, I had and Trademark Office co	ereby appoint the	e followi th: 🐼	ing regis	stered pr	ractitioner	s) to p	rosecute	this application	on and to	transa	Place Custo		
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Additional registere	d practitioner(s) r	named o	n suppl	lemental	Registere	d Prac	titioner i	nformation sh	eet PTO	SB/020	C attached here	to.	
Direct all correspond	Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.  Direct all correspondence to: Customer Number or Bar Code Label  23309  OR Correspondence address below												
Name													
Address													
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Country			Te	elephor	те				Fax				
believed to be true; an punishable by fine or i	I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jacopardize the validity of the application or any patent issued thereon.												
Name of Sole or l	Name of Sole or First Inventor:												
Given Na	me (first and m	iddle [i	f anyl)			╀	Family Name or Surname						
Lyle E.						A	Adams						
Inventor's Signature	style le pleme											12 May LOSS	
Residence: City	San Jose State CA				CA		country	USA	Citizenship US				
Post Office Address	1602 Flow	er Ga	arden	Lane					····	_			
Post ffice Address													
City	San Jose	State	CA		ZIF	9	5124		Соц	ntry	USA		
Additional inventors are being named on thesupplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto													

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## **DECLARATION**

## ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3\_ of 3\_

		_		-				_				
Name of Additional Joint Inventor, if any:  A petition has been filed for this unsigned inventor												
Given Name (first and middle [if any])					Family Name or Surname							
Ronald H. Nicholson												
Inventor's Signature	Pour pm						/ <i>&amp;</i> 3 te					
Residence: City	Santa Clara	State	СА		Country USA C			Citize	nship	us		
Post Office Address	1909 Magdalena Circle, No. 76											
Post Office Address												
City	Santa Clara	State	CA		ZIP	95051	Count	<sub>ry</sub> Us	3			
Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor.												
Given Na	Given Name (first and middle [if any]) Family Name or Sumame											
S. Jauher A.												
Inventor's Signature	Dawl 12 MAY 16 2003 Date											
Residence: City	San Jose	State	СА		Country	USA		Citi	renship	us		
Post Office Address	22361 Santa Paula	Avenu	е									
Post Office Address												
City	Cupertino	State	CA		ZiP	95014	Cou	intry	us			
Name of Addition	nal Joint Inventor, if an	y:			A petition	n has been file	d for t	his uns	igned inv	rentor		
Given Name (first and middle [if any]) Family Name or Surname												
Inventor's Signature									Date			
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